

City of Las Vegas

Senior of the Quarter Nomination Form

Date:

Quarter:

- ☐ January-March
☐ April-June
☐ July-September
☐ October-December

HONOREE:

Name:					
Address:					
City:		State:		Zip Code:	
Phone:			Fax:		

NOMINATOR:

Name:					
Address:					
City:		State:		Zip Code:	
Phone:			Fax:		

What special contributions has this person made in the community?

How has this person's volunteer activities impacted the senior, youth, or general communities?

What community organizations or agencies have helped this person achieve the special contributions in the community?

REV 6/22/05

Send by fax or mail to: **Maria Castillo-Couch**
Neighborhood Services Department
400 Stewart Ave – 2nd Floor
Las Vegas, NV 89101
FAX: 382-3045 Voice: 229-6681



Please attach another page
if more space is needed.

ADDITIONAL COMMENTS:[illegible]